



HAWAII STATE ETHICS COMMISSION
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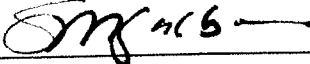
LOBBYIST REGISTRATION FORM

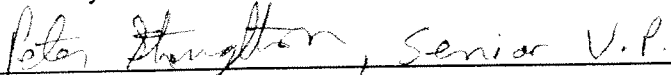
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
GELBER	STEPHEN	M.	808-524-0155
MAILING ADDRESS (Street)			FAX
745 Fort Street, Suite 1400			808-531-6963
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
GELBER, GELBER, INGERSOLL & KLEVANSKY			808-524-0155
MAILING ADDRESS (Street)			FAX
745 Fort Street, Suite 1400			808-531-6963
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
National Corporate Tax Credit, Inc.		(310) 258-5161
MAILING ADDRESS (Street)		FAX
c/o Peter Stoughton, Esq., SVP and Associate Counsel, 6100 Center Drive, Suite 800		(310) 258-5182
(City)	(State)	(Zip Code)
Los Angeles	CA	90045
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Peter Stoughton, Esq.		(310) 258-5161
MAILING ADDRESS (Street)		FAX
6100 Center Drive, Suite 800		(310) 258-5182
(City)	(State)	(Zip Code)
Los Angeles	CA	90045

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	62/11/07
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Peter Stoughton, Esq.		SVP and Associate Counsel
NAME OF ORGANIZATION (if applicable)		TELEPHONE
National Corporate Tax Credit, Inc.		(310) 258-5161
MAILING ADDRESS (Street)		FAX
6100 Center Drive, Suite 800		(310) 258-5182
(City)	(State)	(Zip Code)
Los Angeles	CA	90045
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		2/14/07
(Signature of Authorizing Officer or Person Represented)		(Date)